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D. MACLEAN, M. D.

M. E. VAN METER, M. D.

C. N. MILLER, M. D.

EDITORS

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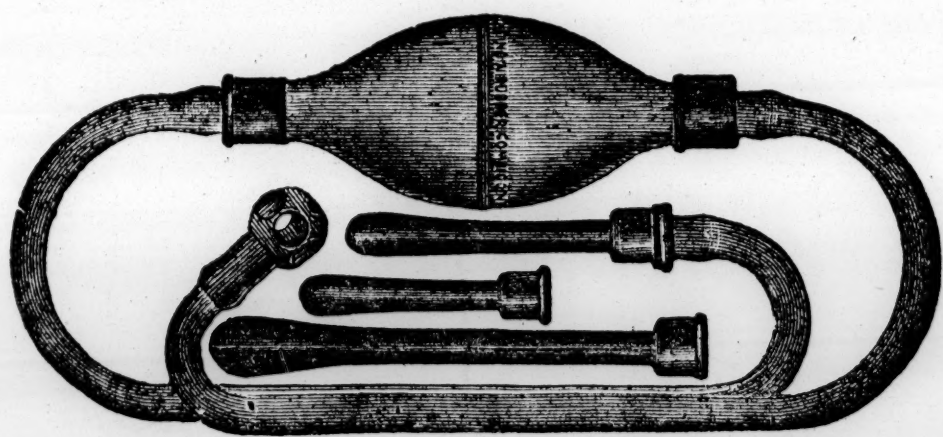
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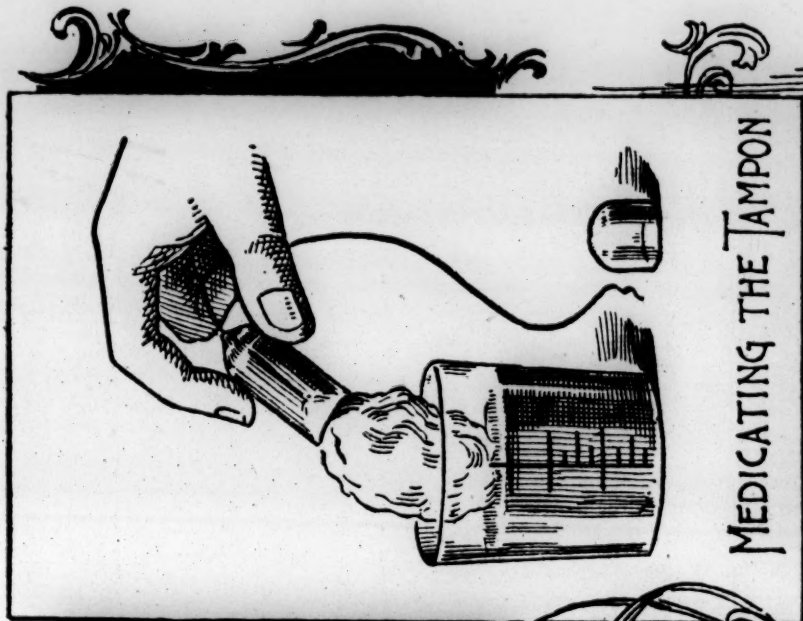
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THE
❖ CALIFORNIA ❖ MEDICAL ❖ JOURNAL. ❖

VOL. XV. } SAN FRANCISCO, CAL., FEB., 1894. { NO. 2.

Original Communications.

A New Method of Treating Diseases of the Eye Lids.

BY O. S. LAWS, M. D. Los Angeles, Cal.

To *preserve* life and limb, and *restore* to health and beauty, the bodies of our fellow creatures, should be the ambition of every physician. He that would mutilate or wantonly destroy the smallest member of a patient's body, when it can possibly be avoided, should forfeit his right to occupy the responsible office of surgeon.

The eye contributes as much to the beauty of person and enjoyment of life as any other organ of the body, and the total loss of sight is a terrible calamity that should be avoided, and guarded against by the best possible skill attainable. Hence, to prevent that result, mutilation is often resorted to, giving a hideous countenance for a ray of light. It often happens that diseases of the eye become chronic, and continue from bad to worse till the eye becomes an instrument of self destruction, as in entropion, trichiasis &c., but should not be allowed to continue thus at so fearful a risk as the loss of sight, which is the inevitable tendency.

But right here is the weak point in eye surgery, so far as my reading has extended. Instead of "restoring to health and beauty," mutilation is resorted to.

The only permanent relief, says Nettleship, for trichiasis,

"is the radical extirpation of all the lashes." Arlts' and Snellen's operations need repeating in a few months. So this mutilation is the best thing offered for such cases up to the present date so far as I have been able to learn. There is not much about it that seems commendable. Nettleship remarks that "It leaves an unsightly baldness, and exposes the cornea to unnatural risk from dust etc." This is from the latest and highest English authority, endorsed in Jefferson College by William Thompson, M. D. Professor of Ophthalmology, as he is partly the author of the 4th American edition of Nettleship on "Diseases of the Eye". I suppose this is universally received as scientific treatment. But it remains for an obscure Eclectic "to show a more excellent way". "Science" is liable to run in grooves that wear deep, and are hard to get out of. Had I been a specialist and well equipped with all that is needed in the office of an oculist, possibly I might have continued in the rut, as I am more inclined to imitate than originate. But in order to meet emergencies without great expense on my part or mutilation on the part of my patients, I entered upon the study of eye diseases more from a therapeutic standpoint, believing that many eyes were injured and some ruined by too great local use of caustics.

I relied mainly on soothing lotions, and in treating the *bodies* of my patients, and still believe in that plan. But I was inclined to shun that class of patients. However, in June 1890, I was confronted with a case that I could not well dodge, but that at once enlisted all my powers, both mental and sympathetic.

Wm Bliss, of Olathe, Kansas, aged 33 years, had an attack of "sore eyes" when only about 8 years old, and had never been well since. He said he had suffered much in that 25 years, but the worst was always from the treatment given him. At least one specialist had treated him a long time, and finally told him that an operation to remove a part of the lid was the only help. The lashes had been pulled out

twice a week for many years. He had entropion of both lids sufficient to produce trichiasis. Pannus and nebula covered the cornea of the left eye; with pannus, and ulceration of the cornea, of the right, and lids granulated.

He could see enough to go about the city, but daylight was gradually fading away. He had no hope, but his brother Joseph brought him to see what I thought about the case. My sympathy at once got in advance of my science, and caused me to make some promises that, upon reflection, I would have been glad to cancel, but it was too late without a square back down. For "I said in my haste", "we will not pull out another lash but will let them grow to their full length so they will not scratch your eyes." How this was to be done, was as yet very indefinite, and as the sequel proved, had never been thought of. This was on Sunday morning at my residence, and I told him to come to my office the next day. So I had about 24 hours to wrestle with the solution of my rash promise. Yet that promise undoubtedly saved him, for otherwise I should have given him some palliative lotion and let him drift. But my word was out and something *must* be done, and what that was to be, engrossed my thoughts till my patient was in the chair next day. And yet the method pursued had not been thought of, and was not, till I was preparing to carry out a bungling makeshift that I prefer not to mention. But just at that moment my hand instinctively glided in another direction, and the problem was solved.

My patient left the office comfortable and hopeful. Not another lash was pulled. In a few weeks he had a full grown set of new lashes that did not hurt him in the least. That was the fulfillment of my promise. The corneal ulcer was healed. The pannus and nebula were fading away, and the young man could see to do some work. The granules were absolent. Treatment continued about a year, although the young man rented a farm and was now supporting his mother instead of being supported by her, and his

eyes were comfortable and nearly as good as new. The highest authorities would have extirpated the eye lashes as the only permanent hope, and yet that would not have restored his sight. The granulations would have gone on with their work of ruin just as before. The instruments used, and that made success possible in this case, were *four little tabs* cut from a roll of J. F. Harvey's isinglass plaster, about an inch and a half long and one fourth of an inch wide.

By means of these, as seen in the illustration, I drew up the lids to the proper height and fastened them there. The tab was moistened and attached to the outer third of the lid, right down close to the border, then drawn up so as to fold and compress the sodden tissues, and the upper end was attached to the forehead above the brow.



Another was likewise applied to the inner third. Then the other eye was harnessed, and they both went to work for *good* instead of bad. For every effort to *wink* had a therapeutic value. It caused expansion of the contracted conjunctiva, and stimulated absorption of the thickened membranes and granules (*nidi bacillorum*), condensed the serum-filled areolar tissue, right along all day. Every one of these oft repeated efforts to wink was probably of as much value as all the *good* that comes from a caustic application, and *none* of the *harm*, and thousands a day instead of one. That accounts for the rapid improvement in such a chronic case. I had also promised not to "burn" his eyes as had always been done.

He said he had been tortured beyond endurance, and no apparent good had come in return. So, while the tabs were treating the lids, and taking away much of the pressure and

friction from the ball, I gave thorough attention to the entire man, with a view to restoring vigorous health. I looked carefully for indications, and tried to meet them. Not all was noted down in my book, but I see that *Rhus* and *Vera-trum* were used from first to last. As I had entered upon an experiment, I concluded not to make applications for some time, with brush or pencil, but simply use mild astringent lotions, such as are constantly being used by Eclectics. *Hydrastis*, *Hamamelis*, *Borax*, *Ergot* and *Alum* are noted as having been used, some singly, and some combined in mild dilutions. Towards the last, to clear up the pannus, there was used one drop, in each eye every night, of glycerine well charged with tannic acid.

Everything seemed to work favorably all the way through, but after the lashes were full grown, and he had good control of the lids, he left off the harness, as he called the tabs, and thereby prolonged the opacity, still noticable. But it gradually disappeared. Have not heard from him for more than two years, as I left for California in Sept. 1891. I had some experience with two other cases for a short time before I left, which proved that the little tabs can be relied upon in entropion, and soon fulfill their mission. They do not have to be used perpetually, as one might suppose, but soon enables the lid to hold itself up. In fact eversion could soon be produced by too much lifting of the border. "Hollow eyed" people would be more troublesome to treat than those with prominent eyes. A very fleshy lady that perspired profusely had to use tabs cut from rubber plaster. They are good, but not so convenient as the others. But Harvey's isinglass plaster is the only make that is heavy enough to give satisfaction in my experience. Since coming to California I have not treated any eye cases, except to furnish an old gentleman named Willis, of National City, with some tabs. He had been treated for several years by specialists in Kansas City, San Francisco, and other places, yet he was practically blind. Adhesions had so nearly sealed up the lids,

that his wife had to go to direct his steps when he left home. Could see a little when he pulled his eyes open with his fingers. I lifted the borders of the lids but in a different way. A horizontal slip on the lid held a rubber ring; another on the forehead, attached by one end, was passed through the ring and the other end tightened just enough to let in the light, enabling him to both see and wink. "He went on his way rejoicing", and can go where he pleases without an attendant. He will have to wear it perpetually as there is no hope of restoration. He said no such appliances had ever been used by those who treated his eyes. Hence I conclude that it never has been used or thought of by others. For more than thirty years I had tried to think of some better way of managing these unfortunate cases, and this seems to fill the want exactly. It is a small matter to be sure, but when it equals the difference between a blind man, and one that can see, who can estimate the size of it or put a price on it? If Willis had been treated thus years ago, I doubt not but he could have been cured. My experience has been very limited but gratifying, and I hope the idea will be received for what it is worth and *due credit given where it properly belongs*. It *restored* Wm. Bliss from blindness to sight, and *preserved* every part of the eye intact, and these are the watch words on my banner. I make this as an Eclectic contribution to eye surgery in behalf of the fraternity, to whom I present the idea for what it is worth.

The Small Intestine—Review of its Anatomy.

BY C. N. MILLER, M. D., Prof. Anatomy, California Medical College.

The small intestine is a tube about twenty feet in length, which gradually diminishes in size from its commencement to its termination. It is divided into three portions.

The first portion commences at the pyloric opening of the stomach. It is curved around the head of the pancreas,

giving it somewhat the shape of a horseshoe. It terminates on the left side of the second lumbar vertebra. Its length is about equal to the breadth of twelve fingers, and it is called the duodenum from the Latin, *duodeni*, twelve fold. On the inner side of the curve, as it is turning around the head of the pancreas, is an opening through which empties two vessels, the common bile duct and the pancreatic duct. These vessels are also called respectively the Ductus Communis Choledocus and the canal of Wirsung.

From the termination of the duodenum, on the left side of the second lumbar vertebra, begins the second portion of the small intestine. It is about eight feet in length, and is mostly found coiled in the umbilical and left iliac regions. This portion of the small intestine differs from the remaining, or third portion, by being wider, its coats thicker and more muscular, and it is of a deeper color; but there is no definite, particular mark to distinguish the termination of the second part, and the beginning of the third or last part. It is usually found empty after death, hence from the Latin, *jejunum*, meaning empty, it is named the jejunum.

The remaining portion of the small intestine is about twelve feet in length. It occupies chiefly the umbilical, hypogastric, right iliac and occasionally the pelvic regions. It terminates by opening into the inner side of the commencement of the large intestine, in the right iliac fossa. From its numerous coils or convolutions it is called the Ileum, from the Greek, *eilein*, to twist.

The wall of the small intestine is composed, from without inward, of four coats—serous, muscular, areolar, and mucous.

The mucus membrane presents for examination the following points of interest:

1st. About two inches below the pyloric orifice, numerous plaits or folds begin to appear in the mucous membrane. These extend transversely, some longer than others, about one half or two thirds the distance around the cylinder of the intestine. They are longest and most numerous imme-

that his wife had to go to direct his steps when he left home. Could see a little when he pulled his eyes open with his fingers. I lifted the borders of the lids but in a different way. A horizontal slip on the lid held a rubber ring; another on the forehead, attached by one end, was passed through the ring and the other end tightened just enough to let in the light, enabling him to both see and wink. "He went on his way rejoicing", and can go where he pleases without an attendant. He will have to wear it perpetually as there is no hope of restoration. He said no such appliances had ever been used by those who treated his eyes. Hence I conclude that it never has been used or thought of by others. For more than thirty years I had tried to think of some better way of managing these unfortunate cases, and this seems to fill the want exactly. It is a small matter to be sure, but when it equals the difference between a blind man, and one that can see, who can estimate the size of it or put a price on it? If Willis had been treated thus years ago, I doubt not but he could have been cured. My experience has been very limited but gratifying, and I hope the idea will be received for what it is worth and *due credit given where it properly belongs*. It *restored* Wm. Bliss from blindness to sight, and *preserved* every part of the eye intact, and these are the watch words on my banner. I make this as an Eclectic contribution to eye surgery in behalf of the fraternity, to whom I present the idea for what it is worth.

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diately below the opening for the Ductus Communis Chole-docus and the canal of Wirsung, and also in the middle of the jejunum; they nearly disappear in the lower part of the ileum. These plaits or folds are permanent, not being obliterated when the intestine is distended. They retard the passage of food along the tube, and afford a more extensive surface for absorption. They are called the valvulae coniventes, Latin, *con*, with, and *nivere*, to close.

2nd. The mucous membrane is covered by minute, velvety projections, about one thirty-fifth of an inch in height. In shape, under the microscope, some are triangular and laminated; others conical, or cylindrical, with clubbed or filiform extremities. They are largest and most numerous in the duodenum and jejunum. In the upper part of the intestine they number from fifty to ninety to the square line, but they nearly disappear in the lower part of the ileum. The total number for the whole length of the intestine is about four millions. These tiny projections contain the blood vessels and lacteals, which together absorb the nutrient portions of the food. They are known as the villi, from the Latin, *villus*, shaggy hair.

3rd. Certain small, flattened, granular bodies are found imbedded in the submucous areolar tissue, and open upon the surface of the mucous membrane by minute excretory ducts. They may be compared to the elementary lobules of a salivary gland spread out over a broad surface, instead of being collected into a mass. They are limited to the duodenum and commencement of the jejunum, and are called the duodenal glands, or the glands of Brunner.

4th. There are also numerous tubular depressions which are arranged perpendicularly to the surface of the mucous membrane, found through out the entire extent of the small intestine; they open by small circular apertures, and are known as simple follicles, or the crypts of Leiberkühn. The combined product of these two sets of glands, the glands of Brunner and the crypts of Leiberkühn

is known as the true intestinal juice. By the action of the true intestinal juice, together with the pancreatic juice, the starch of the food is converted into sugar, and the fat is converted into a fine emulsion. The juices taken from the *duodenum* are generally a mixture of true intestinal juice, pancreatic juice and bile.

6th. Still another set of glands are found scattered throughout the mucous membrane, but most numerous in the lower part of the ileum. These are small, round, whitish bodies, from one half a line to a line in diameter, covered with villi, and each surrounded by the openings of the crypts of Lieberkühn. They are simple lymphatic follicles and are designated solitary glands or *glandulae solitariae*.

6th. Occasionally twenty to thirty of these solitary glands are found near together, occupying a space from one half an inch to four inches in length, and of a circular or oval shape. They are placed lengthwise of the intestine in the portion of the tube most distant from the attachment of the mesentery. They are occasionally seen as high as the duodenum but are largest and most numerous in the ileum. They are liable to inflammation and ulceration in typhoid fever, causing a tenderness in the right iliac fossa. These aggrigations of solitary glands, are termed agminate glands, or Peyer's glands, or Peyer's patches.

In brief then, the points of interest to be found in the mucous membrane of the small intestine, are the *Valvulae Conniventes*, the villi, the duodenal glands or the Glands of Brunner, the simple follicles or Crypts of Lieberkühn, the solitary glands and the agminate glands or Peyer's Patches.

Injuries of the Abdomen.

BY DR. ALFRED EICHLER, Physician to St. Joseph's Hospital, San Francisco.

Abdominal injuries, while not as frequent as many others, are of great interest to the surgeon; hardly any class of in-



juries puzzles him more than these and in none is decisive action more needed. That they are a matter of great importance is easily explained by the anatomical position of the parts, as the covering of the intestines is only muscular, without the aid and resistance afforded by bony reinforcements. This accounts for the danger to which abdominal injuries predispose.

In considering this class of injuries it is well to notice first, their general effect, leaving out altogether all considerations of the different organs. Almost any injury of the abdomen, be it light or severe, is followed quickly by a complex aggregation of symptoms commonly called shock. When a patient thus injured is first seen, he will present these symptoms so acutely as to exclude the immediate investigation of the damage done by the injury. Remedial measures must therefore be first addressed to the relief of shock. This condition should pathologically be classed as a reflex paralysis of the vasomotor centres. To describe the symptoms is almost superfluous—still it may be wise to call attention to the coldness and pallor of the patient, to the small pulse, the shallow breathing, the repeated fainting and the features so often distorted.

Lucky enough, this shock quickly passes away in light injuries, but in severe ones the prognosis is often doubtful, especially when due to hard kicks or severe blows; the shock then often proves fatal. Shock should therefore not be underrated as a factor of the greatest importance in abdominal injuries.

The internal injuries of the abdomen, those of the abdominal viscera, afford an interesting chapter for the surgeon's study. They may be simply divided, according to their anatomy as follows:

1. Ruptures of the stomach; 2, of the intestines; 3, of the liver; 4, of the spleen; 5, of the vessels; 6, of the kidney; 7, of the bladder; 8, of the peritoneum; 9, of the parietes.

Ruptures of the stomach are more frequent, when the stomach is filled than when empty. It is always followed by pronounced shock, and quick collapse occurs frequently before skilled aid is at hand. It is mostly caused by blows and kicks. When the shock is survived, vomiting of dark, gruel-like matter sets in, abdominal meteorism becomes pronounced and the patient dies under the symptoms of a septic peritonitis. The prognosis in this class of cases is absolutely unfavorable.

Little better are internal ruptures of the intestines, which may occur anywhere throughout their entire length. The point where most ruptures take place, however, is the junction of the duodenum and jejunum, the beginning of the movable intestines as contrasted to the immovable duodenum with its connection with the spine. When one is able to diagnose this injury sufficiently early much may be expected from suture or resection of the intestine. At times the peritonitis resulting from the injury incapsulates the tear in the intestine and thus leads towards recovery, even though an abscess may have been formed. The shock is mostly too severe for successful surgery.

While the injuries previously related are usually due to direct force, ruptures of the liver are somewhat different in etiology; they occur almost entirely after falls from great heights, direct force seldom injures this organ as it is almost wholly protected by the projecting ribs on its surface. Hemorrhage into the abdominal cavity, perhaps mixed with bile, in the event of rupture of the gall-bladder, occurs always in this injury. Pain is severe; icterus appears early. In favorable cases where the tear is small, and the gall-bladder intact an abscess of the liver may form, yet in skillful hands recovery may be attained. The prognosis, as a rule, is bad.

Rupture of the spleen is always accompanied by great hemorrhage and by severe pain; the prognosis is also bad; the same can be said of the ruptures of the large vessels, such as the aorta, the iliac vessels, and also the larger omen-

tal and mesenteric vessels. Diagnosis can only be attained by the swelling caused by the extravasation of blood; as the cases never recover, it is only a matter of postmortem importance. While all the injuries so far mentioned are only of diagnostic value because of the hopeless condition, injuries of the bladder and kidneys are of much more practical importance. Besides this they seem to occur oftener, at least they are diagnosed more frequently. The symptoms are plain and the results achieved by the skillful surgeon are often wonderful.

Rupture of the kidney can, on account of the extraperitoneal position of the organ, be considered as the least dangerous of all; its adipose covering also serves as an excellent protector. When only one kidney is injured the treatment should always be successful, providing the case is seen early enough; should both kidneys be affected, the prognosis will be doubtful, if not bad, and will depend entirely on the form and degree of injury. The leading symptoms of rupture of the kidney are pain in the lumbar region, hæmaturia according to the degree of injury; if the urine should infiltrate the adjoining parts, a painful swelling accompanied by fever, will soon be noticeable, and then decisive measures such as deep incision and perhaps entire removal must be advocated, even if a fistula should be caused. The anatomical position of the kidneys causes a comparatively favorable prognosis in the event of their injury. The bladder, being partly within and partly without the peritoneum, is not so favorably situated. When the bladder is injured, the urine often passes into the abdominal cavity, and only occasionally does a valvelike rupture prevent this event. Retention of the urine, even if only supposed, always leads to catheterization, and this more than anything else induces the sepsis caused by the decomposing urine, thus causing a fatal septic peritonitis. The only remedy lies therefore in an early diagnosis, followed by suprapubic incision and accurate suture of the injured parts. Pain in the

region of the bladder, bleeding through the urethra, anuria accompanied by severe vesical tenesmus, and a diffuse dullness in the region of the bladder, instead of the normal circumscribed dullness, are characteristic symptoms. Catheterization is useless. The washing out of the bladder advocated by some only increases the risk. Meteorism and rigidity of the abdomen become pronounced in a short while, being the first signs of the advancing peritonitis.

Rupture of the peritoneum is only of importance in so far as it concerns ruptures of the larger organs. By itself it never occurs, being a very elastic membrane, not sufficiently adherent to be ruptured by any force, which would not also injure other organs. In complication it is of unfavorable prognosis being always followed by peritonitis.

Subcutaneous ruptures of the abdominal parietes are more frequent, especially of the anterior wall (the rect. abd. muscles), and equally as much of the diaphragm, the latter lesion only being diagnosed by the entrance and incarceration of the abdominal viscera, within the thoracic cavity. Less difficult, from a diagnostic stand point, is the rupture of the anterior abdominal surface. The separation of the muscles can usually be felt by the finger, although quickly followed by extravasation of blood and severe swelling. The more the muscular layers are involved, the more marked will be the shock caused by the injury. With the severity of the injury increases the liability to a ventral hernia.

In diagnosis of abdominal injuries, the first point of importance lies in the degree of injury—whether slight or severe; whether a blow, fall or kick, or accident by the buffer of a car or being run over by the wheels of a light or heavy vehicle. The region in which the injury has been inflicted is also a matter of much importance, and it can be readily ascertained by the ecchymosis following the injury, if direct testimony should not be available. Further diagnostic elements are the presence of shock with its concomitant symptoms, and furthermore the presence of such symp-

toms as have been described under the injury of different organs. It should be also remembered, that even slight contusions may be followed in a comparatively short time by ulceration and gangrene of the intestines, caused by the pressure, and that slight injuries do not therefore permit of a diagnosis leading to a favorable prognosis. Besides, cases differ so much in their clinical aspects that the greater scrutiny must be given, and each case must be observed with the greatest care, no matter what difficulties present themselves,

As far as prognosis is concerned, sufficient has been mentioned to indicate what may be expected. When skillful aid is present at an early moment, much may be done which would be of no value at a later time.

The first help rendered should be of such a nature as to counteract the omnipresent shock. Rest in the horizontal position, external warmth applied by means of hot bottles, cloths and blankets, narcotics to relieve the pain and stimulants to excite and resuscitate the vital forces. The aromatic spirits of ammonia, ether, and brandy are all of use if injected under the skin in liberal quantities. My own individual preference is for camphor dissolved in almond oil, to be injected subcutaneously in liberal amounts. This is free from all bad after effects—local or constitutional—very effective and prompt in action, and can be used ad libitum. The formula reads as follows: camphor ʒss, sweet almond oil ʒi, dissolve and filter; inject a syringe full every 5 to 10 minutes until the patient improves. Whiskey by the mouth should be avoided at first; rectal enemata of whisky and hot water will prove efficient and harmless. Morphia will be the best narcotic to be used, and must be given in a fair dose ($\frac{1}{4}$ to $\frac{1}{2}$ grain) when the first effects of the shock are passing off. After this has been attended to, as much attention as possible must be given to the diagnosis, and according to the degree of injury, measures for relief must be devised. If any extravasation of blood under the skin or between the fasciae should

be detected (discoloration, puffiness and slight crepitation on touch) a prompt incision to evacuate the still liquid blood, followed by repeated washings and carbolized fomentations would be all that is necessary in the way of treatment. Injuries of the muscular walls will require strapping of the parietes, extending from one side of the spine to the other, besides enforced rest; only in very severe tears would it be necessary to cut down and unite the torn parts by suture. Tendency to hernia should be avoided by the wearing of a pad.

Injuries of the intestine should be treated first by absolute rest, withdrawal of food, with exception of strong coffee, large doses of opiates in order to stop peristalsis, and thus afford rest. Much more rational however would it be to immediately perform laparotomy, and suture the intestine. If the rent is not immediately discernible, the gas test may be applied, after flushing the abdominal cavity with hot water (110 F.); if the rents should be multiple or very large resection of the intestines is indicated. Ruptures of the stomach should be treated similarly, although success is not easily attained, from the fact that the contents have usually caused a peritonitis even if the severe shock has been survived.

When the liver is injured, with or without rupture of the gall-bladder nothing remains except to do a laparotomy, and suture as rapidly as possible and flush the abdomen through a large incision. The shock however, similar to that following ruptures of the stomach, is often too great to permit of survival of the patient.

The spleen has been extirpated or sutured several times when suffering from external violence. Bleeding and shock are the main dangers here, the same as in rupture of the abdominal vessels. A tight compression bandage might prove of temporary value.

In describing lesions of the kidneys, we have already mentioned the indication for broad incision, infiltration of

urine. An incision down to the kidney will reveal the true state of affairs, and according to it, the advisability of nephrectomy must be considered. The bladder affords a very good field for surgical interference. When the permission of the patient can be gained, a suprapubic incision should be made at once, the rent sutured, the bladder filled with sterilized water and drained by a catheter to be left in for some time. When this is not possible, especially if it cannot be performed sufficiently early after the injury, within about 24 hours, the only thing we can do is to relieve the patient by introducing a soft catheter, and letting it remain so as to avoid further infection by the urine yet to be secreted. With the measures first mentioned success usually crowns our efforts.

Since antiseptics and still more asepsis have become common practice among surgeons, and since we need no more be timid about opening the peritoneal cavity, abdominal injuries are not quite so terrorizing as they once were. Prompt aid and decisive surgery are absolutely necessary for success.

The Therapeutic Action of Salix Niger Aments.

By J. W. TAYLOR, M. D., Salt Lake City.

Mr. J. H. ———, aged twenty-nine years, a strong and well built young man, a subject of youthful indiscretions, performing the act of masturbation from one to three times a day extending over a period of from twelve to fifteen years.

Seminal emissions occurred from two to four times a week, irritation (titillation) at end of penis all the time. Mental faculties so deranged that fear was entertained that he would become insane. If in the society of females, either young or aged, it was almost impossible for him to restrain his amorous desires, and at times he lost so much control of himself as to attempt by force to gratify his licentious wishes.

In hopes of bettering his condition (by special request of himself and friends) Dr. A—— assisted me in performing the operation of circumcision, but no permanent benefit was received from this operation.

Discarding all other treatment, I put him upon *Salix Niger* Aiments. Dose, one drachm, to be repeated three times a day. In connection with this I instructed the patient to avoid as much as possible the society of the gentler sex and to abstain from reading any obscene literature, or anything liable to excite the sexual passions and the mind to be constantly engaged in studying some subject of importance, also physical labor to be performed to his fullest capacity.

I prescribed no external application except sponging the sexual organs with cold water. After having taken eight ounces of the *Salix Niger* the patient reported himself free from both the irritation and the emissions, in fact cured. There has been no return of the trouble to this time, three months after treatment.

Inversion of the Uterus—A Case.

BY M. E. VAN MEETER M. D., San Francisco.

On Monday morning, Dec. 11th., I was called to see Mrs. ——, a primipara, and found her in the first stage of labor. The Os was dilated to the size of a silver half-dollar. I went away to call later: which I did at 2 p. m. and found labor progressing normally and with due rapidity. At 4 p. m. a fine boy was born, the mother having rather an easy time, for the first. After a few minutes, I proceeded to deliver the placenta by Crede's method of expression; also made traction on the cord. I soon found that the placenta did not come down as easily nor as rapidly as it should: however I kept up the abdominal manipulations and the traction on the cord. After about ten or fifteen minutes of continuous effort, and while making firm pressure over the

fundus, the placenta was expelled; but bringing with it the uterus, which was completely inverted. On examining the mass I found that the placenta was every where adherent; but there was no hemorrhage through the cord, as it had been tied the second time, before being cut. As the patient would cry out with pain when the least attempt was made to handle the malposed organ, and as I had no chloroform with me, I despatched the nurse for chloroform and stepped down stairs to the telephone to ask for assistance; relying on the statement of our authorities, that there will be no hemorrhage in such cases till there is more or less detachment. Imagine, if you can, my horror, when, upon returning to the bed-side, I found the patient unconscious, pulseless, the lips blanched and with the pallor of death upon her face.

Taking in the situation, at a glance, and knowing that it was only a matter of minutes—and a very few at that—till she would be beyond the possibility of a hope, I turned down the covers and was met with a sight that would try the nerves of the stoutest hearted; for there between the woman's thighs lay a tumor as large as a small pumpkin, dark, hot, and blood-curdling—in fact, as well as in looks; for it was nothing more nor less than an immense bag of blood. It seems that, as the blood could not pass out through the ligated cord, the pressure from behind, separated the amniotic membrane from the rest of the placental mass and distended it like a great bladder. I knew the source of the hemorrhage but could do nothing as long as the bag of blood was in the way. To rupture the sac, was but the work of a second: but the feelings with which I had to contend during that second I will not attempt to portray on paper; for those who have had a human life at stake, with but a moment to think or act to save that life, will appreciate the situation without its recital; while those who have not been similarly situated, could not appreciate it, however vividly described.

As soon as the bag of blood was out of the way, I seized a piece of twine, from which a piece had been taken to ligate

the cord, doubled it two or three times and passed it around the body of the uterus, close up to the vulva, and tied it down with all of my strength, and that instant the hemorrhage ceased. Just then the nurse returned with the chloroform and Dr. S——, whom she had found on the street. As the patient was unconscious, the chloroform was but little needed, and I asked the doctor to be separating the placenta while I was giving some hypodermics of trinitrin, strychnia and whisky. As soon as this was accomplished, I sponged the uterus, thoroughly, with a hot bichloride solution, 1-3000, and then applied cloths wrung out of very hot water, for the purpose of constringing the blood-vessels. I then had another cord made ready and placed in position for tying, in case of necessity. I took this precaution because I knew that we could not afford to lose any more blood; not even if we had to leave the uterus ligated and outside the body till the patient rallied.

When all was ready the ligature was cut and was followed by a hemorrhage, though not to an alarming extent—that is, it would not have been alarming, had there been no previous loss of blood—which I attribute to the use of the hot applications and the previous hemorrhage. I now proceeded to reduce the inversion; and while Dr. S——, grasped around the uterus, with his two hands, to steady it, I placed the tips of the first three fingers of my right hand against the fundus and began the reduction. When I had the reduction about half completed, it became necessary for the doctor to release his grasp to get his hands out of the way, when the whole thing slipped back into the vagina. This somewhat complicated matters, as it placed a great strain upon the adjacent structures, to hold the womb against the force required at reduction, and it required several minutes of vigorous efforts to complete the replacing. The hemorrhage now became more free; and as the uterus refused to contract—either from the great exhaustion of the patient, or from a loss of contractility on account of the re-

cent inversion—I seized a handkerchief, and after saturating it with turpentine, I carried it to the fundus and held it there till contractions came on, a few minutes later. When I introduced my hand for the purpose of exciting contractions, I found there was a partial re-inversion, and as the first contractions came on, the tendency to inversion increased and I am sure there would have been a return of the whole trouble, had I not held firmly against the fundus till the cavity was well closed down.

Dr. S——, now left me, and on examining the patient I found that instead of rallying, she was growing cold and that the only sign of life to be observed was a very faint respiration; there not being the feeblest indication of a pulse.

I ordered hot bottles to the feet, between the limbs and on either side of the chest; threw a pint of salt solution into the rectum; injected several ounces of a weak saline solution under the skin and gave more hypodermics of strychnia, trinitrin and whiskey.

These hypodermic injections were repeated from time to time during the next six hours; and in one hour from their beginning the patient was able to swallow, and was given whisky and ammonia, by the mouth. In another hour she was able to speak, and for the next four hours begged constantly for something to quench an intolerable thirst.

Fearing that her stomach would not retain milk, alone, yet wanting her to have nourishment and to get all the fluid possible, into the circulation, I began giving her equal parts of milk and water, hot, half a cupful at a time, and repeated every ten or fifteen minutes till she had taken more than a half-gallon; when she vomited up about a pint. Her thirst was then much appeased; and at the end of four hours the radial pulse was quite perceptible. I now ordered another rectal injection of salt-water; ordered the milk and water given at longer intervals, left strychnia, trinitrin, ammonia and whisky to be given, by mouth, at intervals through the night, and went home.

During the time from the return to consciousness up to the time she vomited, a period of two or three hours, her restlessness was so great that it required the constant attention of a person on either side of the bed, to keep her covered and in the bed; her tossing being incessant. She made an uninterrupted recovery, except that, on the third day, there was a horribly offensive discharge and the temperature went up to 103 F. I flushed out the uterus with a large amount of carbolized water and then followed with a 1-5000 bichloride solution. The next day the temperature was 101 F. and I repeated the douching. After this all went well; the mother was up in two weeks and had plenty of milk for the babe.

I have reported this case in full, because of its rarity and because of some important points in connection with it. First: The way in which the hemorrhage occurred was certainly not according to the authorities. Second: Our authorities all speak of the frightful hemorrhage that follows a detachment of the placenta, as a whole or in part, but none of them tell how to prevent this most dangerous complication. Now, from my late experience, I claim that to allow a dangerous hemorrhage in these cases is both unnecessary and unjustifiable, and if I should be so unfortunate as to meet with another case, I would ligate at once, and then detach the placenta at my leisure; sponge the uterine surface with an antiseptic solution, and when all was ready I would sever the ligature and replace the organ. This mode of treatment would preclude the possibility of any loss of blood, up to the time the ligature was cut, which would give the attendant ample time to separate the placental attachment without the hurry and flurry with which he would do it if a dangerous hemorrhage were going on. It would also give him time to render the parts aseptic, which he could not stop to do if the patient's life were fast ebbing away. This would also obviate the necessity of trying to replace the womb with the placenta still attached; which would add



very materially and seriously to the difficulty always experienced in restoring an inverted uterus. Again, the loss of a little blood is dangerous only when added to a greater, previous loss: Hence the loss of blood that would occur during the reposition of the organ, after the ligature is cut, would be of small import; while, if following a severe hemorrhage that would occur while detaching the placenta from a non-ligated uterus, it might prove to be "the last straw," and cause a fatal termination.

A remarkable feature in this case, was the rapidity, we might say avidity, with which the fluid taken into the stomach and rectum was taken up; only a small portion, of the large amount taken, being ejected from the stomach; while all of the two pints thrown into the rectum was retained and absorbed, as the bowels did not move for twenty-four hours, and then showed none of the saline solution. The use of a salt-solution in the rectum, should always be thought of when there has been a serious loss of blood from any cause; and I feel confident that many lives have been lost that might have been saved by its timely and judicious use.

Practice of Medicine Among the Indians.

BY LILLIAN MONK, B. L., Nevada, Iowa.

The beginnings of science were rude and imperfect. As the bird was evolved piecemeal, here a beak and there a claw, from hideous dinosauri and pterodactyles, so the sciences have reached their present condition through a process of development extending over many centuries. Astronomy sprang from Astrology, and Chemistry from Alchemy and the vain search for the philosopher's stone.

During the middle ages the healing art was a mixture of quackery and superstition. It was at first practiced by women who employed charms and spells with their herbs

and decoctions; but gradually it became the province of priests who trusted chiefly to shrines, relics, and holy water.

Not more preposterous, and equally interesting are the glimpses we get of the practice of medicine among the Indians of North America.

The Indian is popularly accredited with a profound knowledge of simples for the cure of disease; but the opinion is as ill-grounded as that which leads some persons to affirm that old women, conspicuous for their ignorance, are better doctors for children than the most learned physician. In fact, the knowledge of the red man is of the most meagre character.

He regarded disease as the result of sorcery or supernatural influences. The Huron believed that the chief source of sickness and death was a monster serpent that lived under the earth. By touching a tuft of hair, a feather, or a fragment of bone, with a portion of his flesh, or fat, the sorcerer imparted power to it of entering the body of his victim, and gradually killing him. An important part of the doctor's office was to extract these charms from the vitals of his patient.

An Indian doctor frequently united in himself the functions of sorcerer, diviner, and medicine-man. He was a conjurer and in treating diseases relied on magic rather than on natural remedies. Of the latter, the best was the vapor baths, prepared in a tent covered with skins and heated by means of hot stones. Decoctions of bark, of roots, and of herbs were also administered.

In sickness an Indian wigwam was a veritable pandemonium. The medicine-man pinched, shook, and beat his patient; howled, whooped, rattled a tortoiseshell in his ear to expell the evil spirit, bit him till the blood ran, and then triumphantly brought to view a piece of wood, bone or iron which he had hidden in his mouth, and which he unblushingly declared to be the source of all the sick man's woes.

A dance, feast, or game was sometimes prescribed, upon

which the whole village exerted itself to carry out the injunctions of its medicine-man to the letter.

Strict heed was paid to dreams. A Jesuit missionary relates that upon entering an Indian home he found the sick man surrounded by friends who had come to feast in obedience to his dream. A portion of food sufficient for four persons was placed before each one, and, though gorged to suffocation, and with eyes starting from their sockets, these much-enduring comrades manfully persevered in their task, while the sufferer in feeble tones exhorted them to keep on in the good work.

On other occasions, by prescription, half the village swarmed into the house where the patient lay, old women disguised with the heads and skins of bears usually leading the van, and beating vociferously with sticks on sheets of dry bark. For hours this august assembly would dance and shriek in the hope of affording relief to the afflicted individual.

Edward Winslow, one of the pilgrim fathers, describes a visit to Massasoit during the sickness of the latter. "When we came thither," said Winslow, "we found the house so full of men, as we could scarce get in, though they used their best diligence to make way for us. There were they in the midst of their charms for him, making such a hellish noise as it distempered us that were well, and therefore unlike to ease him that was sick."

Such were the curative methods of the North American Indian. Under such heroic treatment life among the aborigines was likely to be a survival of the fittest.

"The medicine-man", writes Bancroft, "boasts of his power over the elements; he can call water from above, and beneath, and around; he can foretell a drouth, or bring rain, or guide the lightnings; by his spells he can give attraction and good fortune to the arrow or the net; he conjures the fish, that dwell in the lakes or haunt the rivers, to suffer themselves to be caught; he can pronounce spells which will in-

fallibly give success to the chase; which will compel the beaver to rise up from beneath the water, and overcome the shyness and cunning of the moose; he can, by his incantations, draw the heart of woman; he can give to the warrior vigilance like the rising sun, and power to walk over the earth and through the sky victoriously. If an evil spirit has introduced disease into the frame of a victim, the medicine man can put it to flight, and, should his remedies chance to heal, he exclaims: 'Who can resist my spirit? Is he not indeed the master of life?' Or disease, it was believed, might spring from a want of harmony with the outward world. If some innate desire has failed to be gratified, life can be saved only by the discovery and gratification of that secret longing of the soul, and the medicine man reveals the momentous secret. Were he to assert that the manitou orders the sick man to wallow naked in the snow, or to scorch himself with fire, he would do it. But let not the wisdom of civilization wholly deride the savage; the same superstition long lingered in the cities and palaces of Europe; and in the century after the Huron missions began, the English moralist Johnson was carried, in his infancy, to the British sovereign, to be cured of scrofula by the great medicine of her touch."

The red man has shown himself not wholly unsusceptible to the influences of civilization, and centuries hence he too may look back with astonishment and disgust upon the ignorance and barbarism of his forefathers.

What I Have Observed.

BY I. E. LAYTON, M. D., Solomon City, Kansas.

I have for many years watched the turn of things, and to my surprise I find many orthodox Allopathists slyly giving and advocating small doses; beginning with tablets, almost infinitesimal, imitating Eclectics or Homœopathists; pretty soon

you will hear of their vaunting some superior remedy; and upon investigation you find it an old one known to Eclectics long ago.

I am however glad at least to see the change, for thus we may come nearer together, and fewer people die from the old fashioned dosage. Yet it is less remunerative financially. I have also observed, that Eclectics make as a rule, less money than does the old styled Allopathist; why? because when called to see a patient with a little gastric derangement or malarial trouble; he at once applies the right remedy in light doses, and thus assisting nature, has to visit his patient but a time or two, and all goes well; but the old, yes, experienced allopath, sees the same kind of a case, gives calomel, supplemented by enormous doses of quinine, and the patient is soon sick indeed; the eminent M. D., visits patient thirty or forty times and makes a big bill, and if the patient gets well at all, the Dr., gets credit for curing a *very* bad case of typhoid fever. This is not an overdrawn picture; reader you have seen such, so have I.

One might at first suppose the successful M. D., would soon be recognized in a higher sphere of practice, but this is not so, for the mediocre or general public, know little or nothing of the true nature of disease; and they are the ones who employ and pay the physician, and if the old doctor tells them it is typhoid, they believe it. Let me say here, it is not the wisest men always who live in brown stone fronts; nor the greatest Doctor who signs his name with the greatest number of F. R. S. S's, A M's and Ph's, that can diagnose and treat a case according to reason.

I observe there is another growing evil among us all—I mean M. D's--it is that of using some Pharmacy Companies', great Curine, Dyspeprine, Antimalarine, or some vaunted panacea for certain ailments. Now what of it? We are thus bringing into market a thousand and one cures for neuralgia, headaches, uterine troubles, etc. of little or no value, and fattening the Druggist's pockets and depleting our own.

Some of these preparations are of value, yes, but many more are only such as any well informed Eclectic can mix for himself; and why not? I am personally aware of one or two instances of a young and unexperienced looking physician alone, preparing a cure all—of course to be used by physicians only, and thus called himself the So & So Pharmaceutical, Co.

These are plain facts, not disparaging the real merit of our best of Manufacturing Chemists, of which we have many, who make specialties of preparing Elixirs, Tinctures etc. of a superior grade, and deserve support and encouragement from physicians for so doing; but I do refer to the hundreds of sharks, if I may call them thus, who wait on the honorable physicians throughout the United States asking them to use and *recommend* a certain pastile, powder, or pill or curine for certain ills, of which they willingly leave a sample free. I would especially ask of the Eclectic M. D., to leave all such trash alone, except perhaps to investigate their manufacture.

There is another thing I am *glad* to observe, it is that Eclectics are begining to wake up to the importance of keeping and prescribing their own medicines; I say importance of so doing, for it is money and success to the doctor who does so, and it furthermore does not give away our hard earned knowledge; for counter prescribing by druggists is becoming a common thing, and refilling of some old R a dozen times or more, is still more common; This I know from an experience of twenty to twenty-five years in practice, as I am aware of the fact that some of my prescriptions have been refilled time and again, for eight or ten years by some druggist, long after I had left his locality.

I would recommend an organized exchange bureau, as it were, where Eclectic Drs., who belong to the same, could exchange with each other, their *good and thoroughly tried* prescriptions which they do not exactly wish to be made public. There are many doctors who have specifics, as near as the word can convey the idea, for certain ailments who

would willingly make them known if they could feel a certainty of confiding them to the true physician who would not abuse the same by vaunting them as some *cure-all* discovery of their own.

Folly of Casting Pearls Before Swine.

BY H. T. WEBSTER, M. D., Oakland, Cal.

A letter from a recent graduate furnishes thought for a few remarks upon our ethical duties toward the dominant portion of the profession. The recent graduate referred to was treating almost his first case in the village to which he had gone a stranger, and, unfortunately, it proved to be a rather severe and stubborn case of neuralgia; the patient being attached to her old physician, who was located in a neighboring city, asked for the privilege of calling him in consultation, in order to satisfy the family that the young doctor was doing his part well. This the recent graduate readily granted, as he had no thought that there could be any risk in having his methods criticised by the best of authorities. Imagine his consternation and disgust, then, to find, after the physician summoned had arrived at the bedside of his patient, that a consultation was refused him on ethical grounds. The old doctor was retained.

This would naturally place a young man just entering the profession, a stranger in a place, in an awkward position; for not being well known, people not aware of the injustice practiced in the name of the code would naturally impute to him some demeanor or crime justifying the public in avoiding him. And this is exactly what the code is used, and intended for, by its adherents. No matter how worthy or how deserving the unfortunate who may come under its restrictions, it is as merciless as the headsman's axe formerly was in the country of monarchical institutions where this same code originated.

Recent Eclectic graduates are not usually practically acquainted with the use which has been made of the code within past years to wipe out progressive schools of medicine, and a fair comprehension of this barbarous instrument of correction is necessary in order that one may avoid its restrictions. A part of its object is to whip Eclectics into the ranks, stop so much "therapeutic nonsense," and place treatment upon the old convenient plane of opium, quinine and calomel—that mighty three—again. And this sometimes succeeds. A number of the early graduates of the California Medical College succumbed to the pressure years ago, possibly because they had never been taught to possess any enthusiasm for anything but the commonest kind of Eclecticism—a kind that was "just as good as Allopathy anyway." But there is little fear that our present graduates will be bluffed into swallowing the Hippocratic oath in order to avoid the strictures of a barbarous code.

It seems that the proper schooling for recent graduates, in order to be equipped for such encounters, must be that of experience. It is so repugnant to the sensibilities of an Eclectic in touch with the sentiments of modern civilization to refuse to be a gentleman or to act the churl, that he must be stung severely, once or twice, before he is qualified, morally, to meet the average Allopath on his own ground.

With some, brute force is the very best form of argument. The most accomplished adherent of the code values his hide above even his dearly beloved code, and more than one of them has learned to respect an Eclectic because said Eclectic has taught him by the exercise of well applied brute force that it is better to act the part of a gentleman than run the risk of getting a thrashing. In several instances during my experience, this plan has worked well, and where the proper ability is possessed it is a successful plan, for adherents of the code are a set of cowards, usually. One of them in a neighborhood well thrashed, the balance usually fight shy of too free a use of the obnoxious instrument, when dealing

with the Eclectic. But not all Eclectics are muscular, and there is some doubt that this plan is as good as that of refusing to meet a physician of the old school, on general principles, unless it be well known that he is more of a gentleman than codist.

I have been the recipient of several snubs of this character during my professional career, and in most cases I have had my sweet revenge in time, for "it is a long road that never turns." When my turn comes I never scruple to take a patient away from a physician who has done me such a trick, and the older I grow, I adopt more and more the practice of taking a patient away from an Allopath whenever I find an opportunity, unless I happen to know from personal acquaintance with him, that he is more of a gentleman and less of an adherent of the code than the general run.

The high-toned ethics of the Allopathic code are not intended for Eclectics. They are for regulating the intercourse between the representatives of a self-ordained medical aristocracy; and the sooner the Eclectic realizes this and begins to fight, the better. This is one of the instances where thrift does *not* "follow fawning." I would not suggest that he begin a blind and foolish warfare against the old school, running amuck without method, but that he fight exceedingly cunning and shy. It is better to refuse to consult with an Allopath in the beginning, even if one must relinquish the case, than allow the Allopath the opportunity to strike the first blow by refusing to consult. As Allopaths are avowedly antagonistic, no reasonable patient can blame a physician when the matter has been fairly explained. And as the opportunity is a good one to drive a nail for progressive medicine let it be driven there. Suppose the patient who is not progressing rapidly on your hands, on account of old associationship, prefers the Allopath. Nine chances out of ten he will not do as well in the new hands, will think over what you have told him with regrets, and if he ever escape alive will be your firmest friend and adherent ever afterward. There is more than one way to make converts.

Cremation.

Under the above caption Dr. John Fearn of Oakland writes to the *Enquirer* of that City as follows:

EDITOR ENQUIRER: I was very glad to see the report in Saturday's ENQUIRER of the discussion by our progressive Board of Health of the subject of cremation. It is surprising how rapidly belief in incineration of the dead (as being the only scientific and hygienic manner of the disposition of the bodies) is gaining ground amongst thoughtful and intelligent people in America and Europe. And could those who oppose cremation have any idea of the loathsome and slow process of melting and corruption that goes on underneath the green mound where the shell once occupied by their friends is deposited, they would be far on the way to conversion to this system. When the old philosopher centuries ago was asked, what shall we do with you when dead, he replied that they might do as they like with his body, "but catch me if you can." It is only the corruptible body we incinerate.

Dr. Pinkerton was quite right; burying a body filled with germs of smallpox or diphtheria does not kill these germs. These germs have a vitality for which science only knows one certain germicide. that is, fire.

Besides the imperative duty devolving upon the living so to dispose of the bodies of the dead, that the life and well being of the present and future generations shall be conserved, there is another point put forth by the health officer, that is cost. The rich may be able to afford the imposing cortege with stately steeds, nodding plumes and all the paraphernalia and insignia of woe, as set forth in a first class nineteenth century funeral, while of many a worthier man, he may be so disposed of, that the grim humor of the poet is complete where he says:


"Rattle his bones over the stones,
He is only a pauper whom nobody owns."

And I believe the last honors of many a worthy man has been tinged with a more somber shade, by the thought that he had nothing to leave those who are left but the bills of a doctor and undertaker.

In Los Angeles they charge \$75 for cremation, which, with carriage of the body from the cars to the cemetery and a small item for a tin box for the ashes, will make the amount between \$80 and \$90. That modern Shylock, the railroad company, will charge a double fare to take the body, which will bring the amount altogether to upwards of \$200. The San Francisco crematory will soon be in operation, and it is said they will charge \$65. This is far too high but it will cut the bill in two.

Dr. Adams says it is proposed to start a crematory here this was proposed years ago, but it is still among the uncertainties. What I would like to see is this: Let the city erect a cemetery, which can be done without the land for not to exceed \$5000. The city can then charge a figure lower still, and yet they would make a revenue for the city. This country, the fairest the sun ever shone on and the grandest in its possibilities for glory and for good, is being eaten up by monopolies; they cramp us at every turn in life's highway. Then let us be careful how we allow another monopoly to strike its roots in our midst.

Do you ask would I enforce cremation? I say yes and no. I would first try to create a healthy public opinion in its favor and let people generally have their choice. But patients who die of cholera and other malignant and infectious diseases, might, for the public good, be incinerated.

 The job printing department of the JOURNAL is prepared to turn out books, pamphlets, office stationery, etc. in good shape, quick time, and at fair prices. Try us.

A Different View.

In the December issue of the JOURNAL, Prof. Webster of Oakland, gave his views as to the advisability of inviting Eastern Eclectics to come to the Coast to live and practice.

While I have great respect for the doctor's opinion, generally, I am bound to differ somewhat, from the views expressed in the article referred to.

I look at the proposition as follows: There are five colleges, four of which are Allopathic, on the Pacific Coast besides our own. These schools are turning out at least *eight* graduates to our *one*. Now where are all of those new-made doctors going to find locations? Surely no one would expect them to go East, where doctors are much more plentiful, and fees much smaller than they are here. Then it must be that they are going to remain with us. There will be at least one hundred graduated from the Allopathic schools, in Oregon and California, this year; besides this, there will be a number come from the East. Now if all of these can find locations, while every town and hamlet throughout the country, is already filled to overflowing with allopaths; why can not we conscientiously ask a like number of Eclectics to come among us? There are ten paying locations in California, to-day, for Eclectics, to where there is one for allopaths. Why? Because it matters not how many allopaths there may be in a town, there is always room for an Eclectic, while there would not be room for another allopath. With this advantage, we ought to locate as many Eclectics, each year, as do the allopaths of their men.

As to Eclectics starving out and wishing themselves back East while their Regular friends hold the forts, I think that an unlikely thing to happen. Surely, when the doctor took this view of the subject he had either lost faith in the success of our school of practitioners, or else he is not a believer in the "survival of the fittest." If our schools do not turn out better and more successful practitioners than come from the allopathic schools, then we would better close our doors;

for they have schools enough to supply all demands for their kind. If we do turn out better practitioners, then why should they starve while less capable men flourish?

Again, we can never hope for the recognition nor justice, that is our meed, from the dominant school while there is such a great disparity in our numbers.

There are nine counties in California, alone, that have not an Eclectic in them. No doubt there are still greater deficiencies in others of the Pacific Slope states.

Many other counties have but one or two Eclectics, while one or two dozen allopaths are living off the fat of the land. In Tehama county of this state, there is not an Eclectic, while there are nine Allopaths. Now, in Red Bluff, the county seat, there is room for two *good* men; In Corning the right man can do well; also in Tehama or in Vina a first class man can make two dollars to where he ever made one, in a town of the same size, back East. Chico is another large town with but one Eclectic; while Butte county has twenty-two Allopaths and but three Eclectics. So it is all through California and the other Coast States. There are in this state alone a hundred *good* locations for *good* men. In fact it would be hard to name a town in this state, where a sober, industrious and *capable* Eclectic could not locate and make money easier and faster than he ever did in a like location, in city, town or country, in the East.

What we want and need is to have *first-class* men. Not moss-backs, fossils, nor move-arounds, who never stay in one place long enough to merit the confidence and patronage of the people. As I said before, there are a hundred good locations in this state for *good* men, but not one for block-heads, gamblers, drunkards, nor lazy galoots who are practicing medicine to keep from doing something else. Men of sterling worth, will do well here, and will be cordially welcomed.

MEDICUS

Who Gets the Credit?

BY H. T. WEBSTER, M. D., Oakland, Cal.

The San Francisco *Examiner*, of January 16th, 1894, contains a half-column article under the following, in large display head-lines, which has led me to inquire as above; for there is evidently some confusion regarding the ownership of the credit for the inauguration of a method which promises to simplify a very formidable operation in gynæcological surgery, reducing its dangers to almost nothing, and obviating the liability to unpleasant after-effects, until hysterectomy would seem not more hazardous than the curetting of the uterus, if as much so.

The headlines to the *Examiner* article read as follows: "A Bloodless Operation. New Method in Surgery Discovered by Dr. Pratt. The Arteries Untouched. Quite a Number of Surgeons at the Fabiola Hospital (Oakland), Sunday to Witness a Novel Capital Operation."

Following this is a somewhat sensational description of the operation of enucleation of the uterus, as described in the December number of the *Eclectic Medical Gleaner*, the same being a reprint from an article furnished the *Journal of Orificial Surgery*, by Dr. Pratt himself. The *Examiner* article is a pretty good advertisement of Dr. Pratt, his Journal, Hospital, etc., to which he is fairly entitled, as he really has been the one to introduce this operation, which, by the way, is a very simple affair, and ought to have been thought of long ago.

The operation referred to in Dr. Pratt's own words, as quoted from the *Gleaner*, is as follows:—

"The uterus is first to be dilated by the graduated sounds, and then thoroughly packed with iodoform gauze or candle-wicking, to round out and harden the organ as much as possible, thus aiding the operator to observe its outlines in the subsequent process of dissection. The extremity of the cervix is now to be seized with a double vulsellum, or trans-

fixed with a guy rope. A pair of straight-handled scissors, curved at the hip, and sharp pointed, are now employed to sever the mucous membrane just above the seizure of the guy rope or vulsellum. A spud is made to tear through the areolar tissue underlying the mucous membrane until the instrument exposes the cervical tissue, which is easily distinguished from the areolar by its increased density.

No further instrument will now be necessary than the pair of scissors with which the severing of mucous membrane was effected.

"In the first case operated upon by this process, the spud was employed as much as possible to peel back the cellular tissue from first the cervix and then the body of the uterus. But this involved more or less bruising of the tissues, and occasionally the spud would wander a little too far into the areolar tissue and would occasionally rupture a blood-vessel, necessitating the use of artery forceps and ligature (in the case operated upon at the Fabiola by Dr. Pratt it became necessary to apply a pair of artery forceps, according to report), so, after a few experiences of this kind the spud was dispensed with except in the first stage of the operation just described. In its place the fingers and tenaculum were employed. While the assistant was using traction upon the vulsellum, the uterus descending lower and lower in the process of extirpation, the thumb and finger of the left hand were employed to discriminate between the loose areolar tissue and uterine structure. While thus pinching the areolar tissue close to the uterus, a tenaculum was used to sever the connection of the areolar tissue with the uterus.

"A little experience soon developed the fact that even the use of the fingers and tenaculum were unnecessary, and that the discrimination between areolar and uterine tissue could easily be made with the point of the scissors, thus facilitating the operation not only so far as safety was concerned, but in the important matter of time.

"The best way of employing the scissors for this purpose

is by thrusting one of the blades under the areolar tissue close to the uterus, and then severing it after the manner commonly employed in severing a contracted frænum.

"At the location of the internal os, where the neck is attached to the under surface of the body of the uterus, the adhesions of the areolar tissue are extremely firm, constituting what is known as the lateral uterine ligaments. There is no difficulty, however, even at this point, in discriminating between the uterine tissue and that surrounding it, and the uterus need not even be wounded in this process of extirpation.

"As dissection progresses around the circumference of the entire organ, the peritoneum in front and behind may be broken into or not at the discretion of the operator. If, as sometimes happens, extirpation of the uterus is found necessary where the ovaries and Fallopian tubes have been previously removed, it will not be necessary to wound the peritoneal cavity, and by a careful dissection the entire uterus can be taken away without in the slightest degree wounding the peritoneum. As a rule however it will be well to examine the condition of the ovaries and Fallopian tubes, and it is better to enter the peritoneum in front and behind after the dissection has been carried to a sufficient height to make flaps of sufficient length to enable the operator to construct a satisfactory peritoneal floor after the uterus is removed. On the sides, however, along the attachment of the broad ligament, it will be necessary to carry on the dissection after the manner described clear to the fundus of the uterus. In doing so, the operator will, in addition to severing the areolar tissue, amputate first the round ligament of the ovary and Fallopian tube. As the dissection of the attachment of the broad ligament approaches completion, in cases where the peritoneal cavity has been entered, the finger can be passed around the remaining fragment of the ligament and the dissection carried on as before, but rendered much easier as the result of the tension of tissues secured by stretching them over the finger.

"After the uterus is removed, the ovaries and tubes can be examined by drawing the peritoneal tissues down by the aid of T-forceps, except in elderly women and those who have undergone severe inflammatory action, in which cases no examination will be possible except a digital one; and if it be deemed best, to employ coeliotomy for this purpose.

"Great care must be exercised in manipulating the tissues after the uterus is removed, as it is very easy to induce hemorrhage. The edges of the peritoneum should now be brought together by cat-gut sutures, which can be introduced in and out, around the edge of the peritoneum, and puckered like a purse string, or made to bring the opposite margins together in the form of a continuous suture. A plug of antiseptically prepared silk, inclosing a small roll of absorbent cotton, is now soaked in hamamelis, sprinkled with iodoform, and inserted into the wound, the wound in the vagina being thus held apart so as to secure free drainage.

"Hysterectomy, when performed after the manner just described, seems to be not only a simple operation, but one apparently free from danger. The patients suffer but a trifling rise of temperature, and that only for a day or so, and do not manifest even the slightest degree of discomfort.

"Of course, when the uterus is enucleated by this process, and there has been no wound of the peritoneum, no stitches whatever will be required, the wound being simply plugged with medicated silk.

"The vagina is now to be loosely packed with iodoform gauze, the other orifices of the body attended to, and the patient placed in bed.

"The gauze and packing are to be left in position for forty-eight hours, after which they should be removed and another piece of iodoform gauze inserted into the vagina. This should now be changed daily for four or five days, after which it can be dispensed with and the vagina douched with boracic water once a day. The patient can, under

ordinary circumstances, be permitted to sit up at the expiration of two weeks from the operation."

The operation of this enucleation then is simply that of peeling the uterus out of its bed or capsule of areolar tissue, in which the arteries ramify. This avoids hemorrhage and wounding of parts, necessitating the application of crushing artery forceps or ligaturers, and simplifies an operation so much that any one with a knowledge of the structures of the pelvis and the ability to handle dissecting scissors successfully, need not hesitate to attempt it, if he observe proper antiseptic precautions.

Following on the heel of Professor Pratt's article, Dr. L. E. Russell, an Eclectic surgeon of prominence, publishes (E. M. Journal, Cincinnati, O.) the description of a similar operation, for which he claims the credit for himself and Prof. Howe.

He asserts that Prof. Howe, on his death bed predicted that "we shall see the day when the uterus will be removed without the aid of the ligature or the clamp forceps." In this article he (Dr. Russell) describes a procedure almost precisely like that of Pratt, though it differs somewhat in detail, and adds descriptions of several cases thus operated upon in this manner, with successful and satisfactory results.

Dr. Russell asserts that he has been operating thus for about a year, having performed ten hysterectomies without placing the patient in a very dangerous condition, and yet he has waited for Dr. Pratt to antedate him in announcing the discovery. That this operation is destined to work a revolution in abdominal surgery there is no doubt, for though it cannot always take the place of that requiring an abdominal incision, it will lessen, by a large percentage, the number of abdominal sections, and correspondingly diminish the death rate of hysterectomies, even though this has already been reduced by improvement of methods on the old plan.



It is a matter to be regretted that this has not been reported to the Eclectic journals before, by an Eclectic surgeon. Now, we must take second place in the credit that arrises from the discovery—or idea, for it is not much of a discovery—and posterity will not award the credit where it may be due.

At least we may learn a lesson from this affair, and report a good thing early, before a homœopathic neighbor learns of it and bears off the palm.

The Wm. S. Merrell Chemical Co., Cincinnati, O., believe that "written labels" on fluid extracts should always be looked upon with suspicion. A few houses still fill out "fractional pounds" from larger packages, but the system is being discarded for obvious reasons. To fill "orders as written" is the aim of every jobber who would secure a permanent business, and every action tending to destroy confidence is avoided. Again, why should the risk of identity and quality be assumed by the jobber when it belongs solely to the manufacturer? The Wm. S. Merrell Chemical Co., take every responsibility connected with their Fluid Extracts in original packages, but decline "to father" any article claiming to be "Merrell's" sent to the dispenser or consumer with a written label.

Papine.

Dr. Granville L. Fox, Slate Springs, Miss., says: I have used Papine in two cases of typhoid fever. In all my practice of four years I have never yet found any preparation or combination that acted so admirably as an anodyne. Sometimes I combine it with Bromidia and get the best of results. I expect to keep it on hand from now on as I do not know of anything that would exactly replace it in the experience I have had with it.

THE ❖ CALIFORNIA * MEDICAL * JOURNAL. ❖

The Board of Examiners of the Eclectic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary, 412½ Post Street, San Francisco.

Miscellaneous.

Theory and Practice.

BY LA FEMME.

The old saying, "Time is money," is not strictly true. Time is valuable only as we spend it to profit. Let the value of this year be estimated by its *deeds*, not its days and weeks.

* * *

The following is a good prescription for a tonic in cases where Iron is indicated.

R

Sp. M. Nucis Vomicae	-	-	gtt. X
Tr. Ferri Chloridi	-	-	ʒiiss
Acid. Phos. dil.	-	-	ʒiij
Glycerine	-	-	ʒi
Syr. Simplex	-	-	ad ʒIV

M.

Sig. Teaspoonfull after meals.

The Phosphoric acid and glycerine act as bleachers and the result is a beautiful amber colored compound.

* * *

Rollo—"Tell me, pa, is there any difference between common salt and chloride of sodium?"

Mr. Halliday—"Yes, Rollo, a great difference. Salt is two cents a pound at the grocer's, while chloride of sodium is 50 cents a teaspoonful at the druggist's."—*Boston Transcript*.

* * *

Prof, W. B. Church gives an excellent formula for constipation dependent upon torpor of the bowels and rectum.

R

Ext. Hyocyamus			
Ferric Sulphate			
Ext. Taraxicum	-	aa	grs. XLV
Ext. Nux Vomica			
Pulv Aloes	-	-	aa grs. XV
M. Ft. Pilula	-	-	- No. XLV

Sig. One before meals and on retiring. As the bowels move more freely omit one pill, and so on until none are required.

* * *

The old adage, "Be sure you are right and then go ahead", is excellent advice for some men. There are others however, to whom we would say, "Be sure you go ahead getting as near right as you can." Many a man has not been sure—could not be sure because he could not see the end from the beginning, and so has wasted his life without accomplishing its object while waiting to be *sure*.

* * *

An exchange gives the following as a favorite prescription for tonsillitis.

R

Tr. Guaiacum Ammo.	-	gtt	XLV
Liq. Potas.	-	-	gtt. XLV
Tr. Opium Deod.	-	-	3ss
Tr. Belladonna	-	-	gtt. XV
Aqua Cinnamon	-	qs. ad.	3ii

M.

Sig. Use 3i as a gargle occasionally

Bobby—"Papa, what's the reason people get dizzy when they drink whisky?"

Papa—"Hm! It's—it's because the brain sympathizes with the—with the stomach, my son. That is, whatever goes into the stomach affects the brain."

Bobby (with a wistful, yearning look on his face)—"Then I must have swallowed a nice new bicycle somehow."

* *

The following is the recipe for a tooth powder which was for some time kept a secret and extensively sold. It has been modified by Prof. Gere and appears as given by him to the students of the California Medical College. The professor's name alone is sufficient recommendation.

R

Orris root	-	-	-	-	-	3i
Potassa bitartrate	-	-	-	-	-	3iii
Alumen	-	-	-	-	-	3ii
Cinnamon	-	-	-	-	-	3ii
Sacchara alba	-	-	-	-	-	3iii

Carminæ qs to color.

Triturate well the crude drugs separately and mix.

* *

Dr. E. H. Goyer gives a valuable prescription which he has termed the "pus extractor." The Doctor is willing to tske his oath that it will draw nails out of an oak board. It is as follows.

R

Castile Soap	
Mutton Tallow	
Beeswax	
Resin	- - - - - aa

Mix with heat. Apply on linen, renewing the dressing once or twice a day.

An oil or fat applied by friction to the epidermis will disappear, and, as a positive gain may thus accrue, it is reasonable to suppose that not only absorption, but assimilation, also, has taken place. Chlorotic girls, with or without disorders of menstruation, are improved in condition by this means. Spare women, who wish to gain flesh, and roundness of form, may have their wish gratified by warm baths and inunctions of oil. The improvement which results from this practice is partly due to the general gain in bodily nutrition.—*Bartholow*.

* *

It is not so much what we know that profits us or the world, as the use which we make of it. A few facts well digested and used make a half idiot seem wise, and are sure to make him useful, happy, and successful.

* *

A Hard Prescription—"You must let the baby have one cow's milk to drink every day," said the doctor.

"Very well, if you say so, doctor," said the perplexed young mother, "but I really don't see how he is going to hold it all."—*Indianapolis Journal*

We Meet in June.

Owing to the increase of business in our State Society, it has become necessary to have a semi-annual meeting. The two days session occurring annually does not grant sufficient time to transact the measures of importance which now come before us. The reasons, hence, are obvious why an adjournment at our last session was made to the second Tuesday of June, 1894.

At this convocation of our fellows there will be brought before the Society much business of vital import to us all.

There ought to be no absent members, whether living in the country or town.

The Midwinter International Exposition will then be in its glory, and every Eclectic physician on the Coast will naturally wend his way towards that great attraction.

The Society made an excellent record during the year of its existence just past; let the progress and good work continue. Ye Eclectic physicians, with the pride you possess for your school, make the endeavor of your lives to have the society of the Golden State become a shining light in the medical firmament! Does not California excel in all her undertakings and productions? Why not then have her take the lead in elevating the standing of our profession? What a feeling of satisfaction it grants the adherents of any cause to know that they are enlisted in a prosperous one. That Eclecticism is progressing and very prosperous is evident without further comment. Nevertheless co-operative measures are always in order, and our efforts to do good should never cease. A mere endeavor on the part of every member is but a slight assistance when taken individually, but taken collectively the offerings of each one of our fellows put together make a great force and render a marked impetus to the Society.

Make it your business to assist in the swelling of our numbers in the ranks of our fellowship. You should insist upon your neighboring Eclectic presenting his application and becoming a fellow of the State Society. This is as much your obligation as it is that of the officers who are elected to devote as much of their time as they possibly can to promote the welfare of the association. The time is coming when we shall all need the fostering care of our State Society, hence let us take time by the forelock and all work together to strengthen her for the occasion.

H. B. MEHRMANN,
President.

Medical Societies.

Dec. 19th 1893.

The Alameda Co. Eclectic Medical Association met in the rooms of the Society, 1065 Washington St., with Vice President, Dr. Church, presiding.

Roll call showed a good attendance, there being but few absent. Minutes of previous meeting were read and approved.

It was moved and carried that Dr. Kylberg be declared a member of the society upon signing the role.

Dr. Sharp then presented a short paper on appendicitis after which the subject was discussed by all present.

There being no other business, the annual election of officers was held with the following result.

President, Dr. W. B. Church.

Vice President, Dr. J. Fearn.

Secretary, Dr. L. Stone.

Treasurer, Dr. H. S. Turner.

Dr. Stark was appointed essayist for the next regular meeting. Adjourned.

Dr. L. Stone,

Sec'y.

Jan., 9th, 1894.

The Alameda Co. Medical Association met at, 1015 Washington St., with the Vice President, Dr. Fearn, in the chair. Roll call showed a large attendance. The minutes of the previous meeting were read and approved.

The Treasurer's report, showing a balance of \$4 in the treasury, was received and adopted. To meet all expenses, a motion made by Dr. Mehmman, was carried that an assessment of \$1.50 be levied on each member. It was moved and carried that the section of the By-laws relating to monthly dues be stricken out.

Dr. Stark then read a paper entitled La Grippe. The Doctor stated that this was an epidemic catarrh, charac-

terized by symptoms more or less severe; rapidly developed weakness, severe muscular pain, chills and fever of greater or less intensity, headache, sore throat, scalding discharge from the nose, dry cough and hoarseness. The mucus membrane is affected, and nervous symptoms are always prominent. Pain in the limbs is hardly ever absent. Age, sex, constitution or occupation seem to have little effect as to the attack. The active cause or whatever it may be, spends its force upon the cerebro spinal and sympathetic nerves. Those who have passed through it once require at every new attack stronger nerve tonics and stimulants.

Treatment for the chill, compound *Sepentaria* in hot sweetened water. *Aconite*, *Bryonia*, *Atropine* and Scudder's compound tonic mixture have a place here.

Dr. Farrar has found *Antikamnia* useful especially when there is pain in the head. The spirit vapor bath is one of the best things if it can be used in time.

Dr. Turner has found chest troubles the most prevalent form. Dr. Stetson has also met mostly with chest complications bordering on pneumonia. *Jaborandi* every hour acts nicely, when there is pain and aching *Antikamnia* or *Phenacetine* till the pain stops.

Dr. Mehrmann considers *La Grippe* an aggravated form of *Influenza*, and the Doctor's best friend. The worst features are the complications, one of which is abscess of middle ear and is very troublesome. The symptoms and indications are varied and must be followed.

Dr Fearn has found *Aconite* very useful as a sedative. *Bryonia* is frequently called for. Where there is bronchorrhœa, the chalybeate tonics, Scudder's compound tonic mixture is one of the very best for the trouble. Bronchial irritation with continual tendency to cough will be relieved with *Ipecac*. Ajourned.

Dr. L. Stone,
Sec'y.

Eclectism its own Reward.

Petaluma, Cal. }
Jan. 17, 1894. }

Editors California Medical Journal,

Gentleman: Enclosed find \$1.50 to pay for the California Medical Journal for the year 1894. Please send receipt for same, and oblige,

Yours Truly,

Dr. C. A. Goshen.

P. S. I am doing a good practice for an old man, being over eighty years of age, and enjoying health with all its pleasures.

G.

"Sanitas," Unfermented Grape Juice.

Scarcely a month passes now but some new medicinal food makes its appearance upon the market, and calls for attention from the medical profession. While it is safe to say that few of such preparations are entirely what they claim to be, a product has recently been brought to our notice, which seems to embody so many food principles, that we deem it of sufficient importance to place before our readers some description of its nature and uses. The article we refer to is simply an unfermented grape juice.

The article is produced from California grapes by the California Grape Food Co. of Los Gatos, California, and is known as the "Sanitas" brand of Concentrated, Unfermented Grape Juice.

One of the most important properties possessed by this product is that it will keep for a number of weeks or even months, after the bottle has been opened, its concentrated condition preventing any deteriorating change taking place. It is decidedly agreeable to the taste, and an excellent vehicle for the use of other medicinal agents.

A regular sized bottle of the "Sanitas Grape Juice" adver-

tised in the JOURNAL will be furnished *free* to any physician who desires to try it, or any quantity necessary to test its effects on one patient will be supplied upon a personal application to the head office, 408 Sutter street. This is an article which will bear investigation.

The Therapeutics of Glycozone, Composition and Characteristics.

By CYRUS EDSON, M. D., Health Commissioner, New York City.

(Published by the *Times and Register*, Philadelphia, Pa., April 22, 1893.)

Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of 0°C.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 110 degrees F.

Antagonists and Incompatibles.—Glycozone, like peroxide of hydrogen is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently, we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decomposes it. We must therefore use glass or hard rubber vessels and syringes when administering it.

Therapy.—In catarrhal and other stomachic diseases except gastric ulcer, the remedy is best administered in doses of one or two teaspoonfuls in a wineglassful of water immediately after meals. In the case of gastric ulcer the dose and dilution should be the same, but it is better to give it when the stomach is empty, an hour or so before meals.

Glycozone has an excellent effect when used internally in cases of diphtheria and croup.

Remarkable benefit may be derived in the treatment of diseased conditions (ulceration and chronic inflammation) of the rectum and lower gut, by enemata containing glycozone, and for this purpose nothing excels the following formula:

Glycozone, 1 ounce.

Water, lukewarm, 12 ounces.

This should be mixed immediately before using and administered with a hard rubber syringe once daily. It is frequently desirable to use a smaller amount than the above mixture. The proportions 1 to 12, however should be maintained. In cases of fistula-in-ano and of rectal ulcerations low down, an ounce of lukewarm water containing a drachm of glycozone administered once or twice daily soon effects good, and in cases of ulcer, pure and simple, may be expected to radically cure the diseased conditions.

External Uses.—After the cleansing of any diseased or suppurating surface by peroxide of hydrogen (medicinal.) the application of glycozone stimulates healthy action and hastens the cure.

Follicular Pharyngitis, chronic coryza and ulcerative stomatitis are all benefitted by frequent applications of glycozone. As an application to ulcerated cervix-uteri and in tumefied conditions of the cervix and uterus it is far superior to pure glycerine.

Springer N. M. Dec. 11 1893.

Cincinnati O.

Gentlemen—I received the 1000 Ruby Capsules sent me by mail sometime since, and am very much pleased with them. They are excellent in quality, and the most convenient place I have ever seen where two kinds of medicine are given in Capsules to be taken in alternation. I enclose Postal note one Dollar. Kindly mail me another 1000 of the No. 2.

Yours etc.
L. Huies M. D.

Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn.

The following locations have been sent in for publication:

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

WANTED—By a middle aged, married Physician and Surgeon a partnership in a well established practice, or would buy the whole. Must bear investigation. Address, with full particulars and lowest terms, "SURGEON," care of California Medical Journal Office, San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man, with some money. Address "Physician and Druggist." Bilber, Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money For particulars inquire of Calif. Drug Co. 1420 Folsom St. S. F.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly.

J. C. FARMER, M. D., Sec'y.
921 Larkin St.
San Francisco.

THE
❖CALIFORNIA❖MEDICAL❖ JOURNAL.❖

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D. MACLEAN, M. D., M. E. VAN METER, M. D., C. N. MILLER, M. D.,
EDITORS.

Terms: \$1.50 per annum, In Advance.

The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

Editorial.

Our Journal.

We are glad that we can still point to continued improvement in our JOURNAL, both in contents and typography and also that we can report having received many words of appreciation during the month, and that a goodly number of subscriptions have been renewed.

We hope that our friends who are in arrears will remember that financially this is the hardest year the country has ever experienced. Many hitherto extensive

advertisers have been compelled to take in sail, and we must depend more than ever upon our subscribers for the sinews of war. Without money we are powerless; with it, we can even now furnish our Eclectics of the coast with a journal that no one can afford to do without.

We intend to keep our readers posted in the latest and best methods of treating diseases; in the newest discoveries and advances in surgery, and in regard to the new remedies that are constantly being brought out. There are busy workers in every department of medicine, the world around. Competition is keen among wholesale chemical and drug companies, and vast sums are being annually expended in searching the earth, sea and air for new aids for the physician, or in improving the old. It is useless to sit in sackcloth and ashes and mourn because of these lightning changes. They are here. They cannot be stopped. Every physician must choose one of two things, keep in training, keep in step with the procession, or else consent to be laid on the shelf—a back number.

Friends we want you to assist us to pull wide the throttle, instead of compelling us to put on the brakes. Write for a statement, please, of your account, and pay up. If not in full, then, at least, a portion. We are entirely willing that you shall have your own way in this matter; only show a disposition to stand in with us, and it is all we ask.

M.

California Medical College.

The Intermediate course of lectures will commence on the first Monday of this month and continue three months. The prospects for a large class are very encouraging. More enquiries are received than usual at this time of the year. Eclectic principles and medicine are becoming popular. Soon the whole State will be leavened, and all shall bow in acknowledgement to the efficacy of the American System of Medicine.

The College has an able corps of teachers, who are sincere and enthusiastic in their calling; capable of demonstrating and imparting both theoretical and practical knowledge in medicine and surgery.

Every Eclectic physician should have a student in his office preparing for college. The field on this coast is practically unoccupied. There is no danger of over-crowding.

While we would like to have many students, we want to select them. We want none but wide-awake, educated young men. Such as will be a credit to the institution and the profession. Send them along and we will do our part.

MAC.

California Medical College Day.

The thirteenth day of June has been assigned by the Midwinter Fair management to the California Medical College to make such display, or hold such exercises as they may deem best. This is a matter that should interest, not only the Alumni, but every Eclectic physician on the Coast. We therefore expect to see our friends from all parts of the State make a pilgrimage to the shrine of Eclecticism on that day.

What form our exercises will take has not yet been determined, but all will be notified in due time. A committee consisting of Drs. M. H. Logan, C. N. Miller and F. Cornwall, has the matter in charge, which is a sufficient guarantee that every thing will be well done, and that you cannot afford to be absent on the occasion.

The State Society meets on the 12th of June, and all good Eclectic doctors should be in attendance. All will want to see the fair, and help celebrate CALIFORNIA MEDICAL COLLEGE day on the 13th

MAC.

The National.

There, is an effort being made to have the National Eclectic Association hold its annual session in San Francisco during the coming summer. Such an event would be hailed with the warmest enthusiasm by every Eclectic on the Pacific Slope; and we are sure it would redound to much benefit both to the Association and to the many Eclectics who are debarred from attending the meetings, when held in the East, on account of the great distance. It would add many new names to its roll of membership, and would bring us into closer relationship with our friends in the East.

If such arrangements can be consummated, it will not only give us of the West, an opportunity to attend a meeting of the National, but it will also give our Eastern brethren an opportunity to visit the Pacific Coast; and at a most desirable time. We are anticipating a great number of visitors, from the East, to our Fair; and among that number there will doubtless be many who are members of the National and who will visit us whether we have the meeting or not. This being the case, it would require but little effort on their part to induce enough more to join them in their trip, to give us a well attended and interesting session. Let every one who feels an interest in this matter, whether in the East or West, begin at once to bring about this very desirable event. Our State Society meets on June 12th, and California Medical College day at the Fair will be on June 13th, which makes it a most propitious time for a National Convention. We trust that every Eclectic, where ever he may be, who anticipates a visit to our great fair, will arrange to do so on June 12th and 13th, and thus kill two birds with one stone, as it were, and help us to make the best showing possible.

A Committee has been appointed, by the Faculty, to arrange a programme for our Fair day, and a most interesting time is expected.

President Mehrmann, of our State Society, has invited all

Eclectics of the Coast to aid the enterprise financially. A number of responses have already been received and more are on the way. A part of the names have been handed us and appear below; all will be published in due time. We hope to have a long list in our next issue.

Drs. H. B. Mehrmann - \$10.	Drs. F. Cornwall - - \$10.
W. B. Church - 10.	D. Maclean - - 10.
J. Fearn - - - 10.	M. H. Logan - - 10.
B. Stetson - - - 10.	G. G. Gere - - - 10.
M. Mallory - - - 10.	W. O. Wilcox - - 10.
M. E. Van Meter - 10.	J. F. Mehrmann - - 10.
F. F. Bullington - 10.	W. Tanner - - - - 5.

Harmony.

Eclectics cannot afford to quarrel with each other. Let there be charity for all, and a true fraternal friendship that is warm, practical and abiding.

In fact, we are getting most too strong to quarrel with anybody. Let us be efficient, and be content to show it by our deeds. We may remember, too, that as yet we have no fence around the earth, but that every man has a right to seek for a satisfactory belief in medicine where ever he chooses to roam. This spirit of fraternal good-feeling is well shown by the following communication: M.

San Francisco, Jan. 27, '94.

Dear Editor:-

Recently I was called to Forrest Hill by Drs. Burleigh and Devore. There had been a premature mine explosion and some badly injured eyes. I am obliged to the Doctors for their great courtesy, and the substantial fee received for my trip. I found Drs. Burleigh and Devore on the best of terms, and together doing about all the business of that country. Dr. B. renewed his subscription to the journal, and subscribed ten dollars for the National in June;

and Dr. Devore subscribed for the journal, and at the next meeting intends joining the State Society.

I would respectfully request our physicians of the state to say a kind word of these deserving physicians, if they should happen to meet any one who lives, or is likely to live, in their vicinity.

Dr. F. CORNWALL,

Eclectics in Utah.

We clip the following from the "*Desert Evening News*," Salt Lake City, published on the 13th ult. It seems that there are still in the world and in America, at least in the desert places, a class of men who believe that might makes right.

The following resolution secured by the *News* this afternoon for publication has been filed with Governor West and the petitioners are anxiously awaiting action on the part of his Excellency;

Whereas, The last legislature passed an act to regulate the practice of medicine, which provided for a board of medical examiners to be appointed by the Governor, "By and with the advice and consent of the Council," and whereas, The Governor did appoint, a board of medical examiners without the "advice and consent of the Council," and more than one month after the act became a law and thereby made it possible for the board to be arbitrary, giving it the power to terrorize and coerce physicians into supporting an act that appears unconstitutional, and extorting moneys and disturbing the peace of mind of many by tyrannical methods, and taking away rights and privileges of individuals in an unlawful manner; therefore

Be it, Resolved By the Eclectic Medical society in regular session held on the 8th day of January, 1894, that we petition the honorable Governor to have an investigation made as to the acts of said board of medical examiners, so that

moneys which they have unlawfully extorted may be returned, and they be stopped from further tyrannical and unlawful acts.

Respectfully submitted by committee. [SEAL] R. A. HASBROUCK, Chairman.

Attest.

(Signed)

J. W. TAYLOR, Secretary.

Strength In Union.

We have a good many enquiries concerning the Eclectics of Southern California. So much so, that we fear many must be burning their light under a bushel.

This is hardly right. There should be several county organizations of Eclectics in that portion of the state. Even though a society number but half a dozen members, and meet but once a month, if they be in red-hot earnest, sufficiently so as to be willing to sacrifice private ambition for public weal, their meetings will result in individual growth, and in great good to the common cause. The JOURNAL will be glad to publish reports and papers. -Gentleman show your colors.

M.

Eclectic Medical Society.

The Eclectic Medical Society of Utah Territory held its yearly meeting Jan. 9th. Dr. Briant Stringham, of Bountiful, acted as president the past year.

The officers elected for the ensuing year are; President, Dr. A. L. Davison, of Mt. Pleasant; vice president, Dr. R. A. Hasbrouek, of Salt Lake; secretary and treasurer, Dr. J. W. Taylor, of Salt Lake. Dr. John Wesley of Salt Lake acts as chairman of a legislative committee. Dr. Otto Dogge, of Salt Lake, was elected as an honorary member.

BOOK NOTES.

HOLDEN'S MANUAL of the Dissection of the Human Body.

Sixth Edition. Revised by A. Hewson, M. D.

Holden's Anatomy has long been a friend in need to the student in all dissecting rooms. In the present edition, the entire work has been gone over line for line. Much new matter has been added and the old greatly improved. The total number of illustrations has been increased from 208 to 311. A concise and accurate account is given of all the soft parts of the human body, and directions are laid down for the best method of dissecting them.

The Author has made it his special aim to direct the attention of the student to the prominent parts of Anatomy, and to teach him the ground work of the science; to trace the connection, and to point out the relation of parts, without perplexing him with minute descriptions.

Price, Cloth, \$3.00. P. Blakiston, Son & Co. 1012 Walnut St., Philadelphia.

HOW TO USE THE FORCEPS with an Introductory account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A. M., M. D. Revised and Enlarged by Chas. H. Bushong, M. D.

We have read this book from beginning to finish, and found it, as all scientific books ought to be, and would be if properly written, more fascinating than a novel.

As books of this character are usually brought out, it is a great effort to find out just what the writer means to say. Our Author has displayed much common sense and fully enough, perhaps a little too much, of so-called science.

It is time that book-makers should have some knowledge of the human mind, and be made to know that nothing in the whole range of science is difficult of comprehension if skillfully stated. It is the many words, the great words, the badly arranged words, that make scientific books mere containers of bushels of chaff which must be laboriously searched through for a few kernels of real wisdom.

This book is probably one of the most, if not the most

practical work on the use of the Forceps in the obstetric art.
Price, \$1.75. E. B. Treat, 5 Cooper Union. New York.

**A PRACTICAL TREATISE ON NERVOUS EXHAUSTION
NEURASTHENIA.** Its Symptoms, Nature, Sequen-
ces, Treatment. By George M. Beard, A. M., M. D.
Edited, With Notes and Additions, By A. D. Rock-
well, A. M., M. D. Third Edition, Enlarged.

The Authors of this work are well known to the pro-
fession, and anything that they present is sure to be up with
the times, and filled with the best, both in theory and prac-
tice.

The term Neurasthenia, was first used by Dr. Beard, and
is now almost a household word, and the progressive phys-
ician cannot afford to remain in ignorance of what is being
done in this important branch of professional work. The
book contains besides an introduction, chapters on symptoms
of Nervous Exhaustion; Nature and Diagnosis of Nervous
Exhaustion; Prognosis and Sequences of Nervous Exhaustion;
treatment and hygiene of Nervous Exhaustion; etiology
and Pathology of Nervous Exhaustion.

Price, \$2.75. E. B. Treat, 5 Cooper Union, New York.

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MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,
CINCINNATI, OHIO.**

The Keystone

to the arch of success, metaphorically speaking, in the treat-



ment of Typhoid Fever, and all Infections and Acute Diseases, is the maintenance of the patient's nutrition. This can best be accomplished by a sedulous attention to the diet, which should consist of a palatable, predigested,

concentrated and aseptic fluid food.

All of these essential qualities are contained in **Liquid Peptonoids**, which thus affords a most valuable supplement to a strict milk diet.

If **Liquid Peptonoids** possesses these advantages, is not our unprofessional reasoning plausible? We only ask you to verify our claims.

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